

PM Form 7.1.1

Suspected Fraud or Abuse Report

Reported by: ☐ Individual ☐ Family member ☐ T/RBHA ☐ Provider ☐ DBHS ☐ FAU ☐ Other

Your name and title: _____

Your contact information: _____

Do you request contact from the ADHS/DBHS Fraud and Abuse Unit (FAU)? _____

Name of provider/T/RBHA/agency/recipient suspected of fraud or abuse: _____

ID number of provider or recipient suspected of fraud or abuse: _____

Phone number of provider or recipient suspected of fraud or abuse: _____

Nature of suspected fraud or abuse:

- ☐ Incorrect coding (upcoding, unbundling, etc.)
- ☐ False data submitted
- ☐ Duplicate billing
- ☐ Billing for service not rendered
- ☐ Misrepresentation of services
- ☐ Altering of claim, file or document
- ☐ Unlicensed professional/facility
- ☐ False or missing documents
- ☐ Other _____

Details regarding fraud or abuse allegation: _____

Title XIX or XXI funds involved? _____ Estimated loss: \$ _____

Reason to suspect fraud or abuse: _____

Date discovered: _____ Evidence/documentation available? _____

Have you filed a complaint or report with any other agency or organization (including your T/RBHA)? _____ What agency or organization? _____

Have you brought your concern or complaint to the attention of the subject(s)? _____